

BOARD OF DIRECTORS MEETING  
THURSDAY, FEBRUARY 29, 2024  
A•G•E•N•D•A•

<p><b><u>CALL TO ORDER - 2:00 PM</u></b></p> <p>1. <b><u>Executive Session   Facility Governing Body Report</u></b></p> <ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Lincoln</li> <li>➤ NYC Health + Hospitals   Kings County</li> </ul> <p><b>Semi-Annual Governing Body Report (Written Submission Only)</b></p> <ul style="list-style-type: none"> <li>➤ NYC Health + Hospitals   Queens</li> </ul> <p>2. <b><u>OPEN PUBLIC SESSION - 3:00 PM</u></b></p> <p>3. <b>Adoption of the Board of Directors Meeting Minutes – January 25, 2024</b></p> <p>4. <b><u>Chair’s Report</u></b></p> <p>5. <b><u>President’s Report</u></b></p> <p>6. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements to create a pool of vendor contracts with each of the following vendors: <b>Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies &amp; Services (ICAS) for the provision of Cabling Services</b> on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$85,000,000 over the potential five-year term: And to permit the System to add additional vendors to the pool should the need for additional vendors arise and should such vendors meet the same minimum criteria and receive from an evaluation committee a score of 7.25 or greater. (Presented to the Medical and Professional Affairs / Information Technology Committee: 02/05/2024) <b>Vendex: All Approved / EEO: All Pending</b></p> <p>7. Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into the <b>following two agreements with State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University (“DHSU”)</b> each to run through June 30, 2028 for a total not-to exceed \$98,990,812 which includes a 10% contingency for the full term of both agreements:  <b>A clinical affiliation agreement for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health for a not-to-exceed of \$81,663,333; and</b>  <b>An academic affiliation agreement for medical education and post-graduate medical training at NYC Health + Hospitals/Kings County for a not-to-exceed of \$17,327,479.</b> (Presented Directly to the Board: 02/29/2024) <b>Vendex: NA / EEO: NA</b></p> <p>8. <b>Electing Sally Hernandez-Piñero to a second term as Chairperson and Frederick Covino as member of the Board of Directors of MetroPlus Health Plan, Inc.</b>, a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to serve in such capacity for five-year terms or until their successors have been duly elected and qualified, or as otherwise provided in the MetroPlus Bylaws. (Presented Directly to the Board: 02/29/2024) <b>Vendex: NA / EEO: NA</b></p>	<p>Mr. Pagán</p> <p>Mr. Pagán</p> <p>Mr. Pagán</p> <p>Dr. Katz</p> <p>Dr. Calamia</p> <p>Dr. Calamia</p> <p>Mr. Pagán</p>
---	---

## COMMITTEE REPORTS

- Medical and Professional Affairs / Information Technology Committee
- Audit Committee
- Community Relations Committee
- HHC Capital Corporation (Subsidiary)

>>Old Business<<

>>New Business<<

>>Adjournment<<

Dr. Calamia  
Mr. Pagán  
Ms. Rowe-Adams  
Mr. Pagán

Mr. Pagán



## **NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the **25th day of January, 2024** at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated in person:

Mr. José Pagán  
Dr. Mitchell Katz  
Ms. Anne Williams-Isom - Left at 3:00 p.m.  
Ms. Erin Kelly - Joined at 3:00 p.m.  
Dr. Vincent Calamia  
Ms. Molly Wasow-Park - Left at 3:00 p.m.  
Ms. Karen St. Hilaire - Joined at 3:00 p.m.  
Dr. William Fisher  
Dr. Michelle Morse  
Ms. Anita Kawatra  
Ms. Jackie Rowe-Adams  
Dr. Patricia Marthone  
Ms. Barbara Lowe

José Pagán, Chair of the Board, called the meeting to order at 2:00 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted that Dr. William Fisher is representing Deepa Avula, and Dr. Michelle Morse is representing Ashwin Vasan - both in a voting capacity.

Mr. Pagán also noted that Sally Hernandez-Piñero is participating by teleconference in a listening capacity.

### **EXECUTIVE SESSION**

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information regarding patient medical information.

### **OPEN SESSION**

The Board reconvened in public session at 3:12 p.m.

Mr. Pagán noted that Erin Kelly is representing Deputy Mayor Anne Williams-Isom, William Fisher is representing Deepa Avula, Karen St. Hilaire is representing Molly Wasow Park - all in a voting capacity.

Mr. Pagán also noted that Sally Hernandez-Piñero is participating virtually in a listening capacity.

#### **ACTION ITEM 3 - ADOPTION OF MINUTES**

The minutes of the Board of Directors meeting held on January 12, 2024 were presented to the Board. Then, on motion duly made and seconded, the Board unanimously adopted the minutes.

**RESOLVED**, that the minutes of the Board of Directors Meeting held on January 12, 2024, copies of which have been presented to the Board be, and hereby are, adopted.

#### **ITEM 4 - CHAIR'S REPORT**

Mr. Pagán advised that during the Executive Session, the Board received and approved the governing body oral and written report from NYC Health + Hospitals/ Susan Smith McKinney Nursing and Rehabilitation Center, NYC Health + Hospitals/ Henry J. Carter Specialty Hospital and NYC Health + Hospitals/ Henry J. Carter Nursing Facility.

The Board also received and approved the semi-annual governing body written submission from NYC Health + Hospitals/Sea View Nursing and Rehabilitation Center.

#### **VENDEX APPROVALS**

Mr. Pagán noted there are three items on the agenda requiring Vendex approval, they all have that approval. There are no items from previous Board meetings pending Vendex approval. Three Vendex approvals have been received since the Board last met.

The Board will be notified as outstanding Vendex approvals are received.

#### **ACTION ITEM 6:**

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a **99-year sublease (including tenant renewal options) with The Fortune Society, Inc.** or an affiliate housing development fund corporation formed for the transaction ("Fortune"),

of the 6 story Building 2: Staff House containing approximately 55,000 square feet (the "Building") and the land on which it is located measuring approximately 30,000 square feet including surrounding grounds and 10 parking spots (the "Property") on the **NYC Health + Hospitals/Jacobi ("Jacobi")** campus to be renovated to create a multifamily residential building with 84 units of affordable housing for households earning less than 80% Area Median Income (AMI), community rooms, a lobby, and onsite social service suite including 58 permanent supportive housing units for formerly-incarcerated, medically-complex individuals who would otherwise be homeless, 25 units of affordable rental housing for low income households and 1 live-in super's unit at no charge other than an annual lease servicing fee of \$12,000 increasing by 5% every five years; and

Authorizing the System to enter into a **15-year contract with Fortune to provide on-site comprehensive supportive services** for the Building's residents at an annual cost of \$1,050,000 a year for a total cost over such term not to exceed \$15,750,000  
(Presented to the Capital Committee: 01/19/2024)

Leora Jontef, Assistant Vice President of Housing and Real Estate and Ellie Epstein, Assistant Vice President, Reentry and Transition Services for NYC Health + Hospitals/Correctional Health Services, proceeded with the presentation. Ms. Jontef, provided details regarding The Housing for Health Initiative, the System's work with NYC Housing Preservation and Development (HPD) for the provision of affordable and supportive housing for vulnerable patients as well as the System's land assets for housing across the boroughs.

Ms. Epstein highlighted the housing needs for justice involved patients, a description of the Just Home program for permanent supportive housing and an overview of the Fortune Society as the developer and service provider for the program. The Fortune Society will be responsible for the renovations of building 2 on the NYC Health and Hospitals/Jacobi's Campus, the building operations, the provision of on-site services and partnering with NYC Health + Hospitals on patient referrals. Ms. Epstein highlighted that following the referrals from the Just Home units, Fortune Society will complete a rigorous tenant screening process before offering a lease and all acceptances are conditional upon the individual being released from custody. The service contract due diligence and Just Home projected timeline were also discussed.

Mr. Pagán noted that a Just Home FAQ sheet and minutes from the public hearing held on December 13, 2023 were included in the Board packet. All are welcome to review.

The Board inquired about the selection criteria of patients for the Just Home program and who will be responsible for the initial referrals. Ms.

Epstein explained that the NYC Health + Hospitals/Correction Health Services (CHS) has a patient population that exceeds the 58 supportive housing units. The Correction Health Services (CHS) clinical team will be selecting patients under their care for referrals as they are able to determine the clinical level of acuity of the patient's condition, social needs and most appropriate setting for these patients. Upon receipt of the referrals, The Fortune Society will then conduct their own screening process to determine if the person will be a good candidate for housing.

The Board commented on the absolute need for supportive housing for people with complex medical needs who are leaving the jail system and many of whom are homeless because the shelter system cannot meet their complex needs. The Board added that the System is committed to using empty hospital buildings and space to provide supportive housing programs. Historically, supportive housing programs are not welcomed by the community initially, but are later accepted because of the great benefit to the community and the patients. In 2015 the City launched the Justice Involved Supportive Housing Program and since then, the Mayor and the New York City Council have made provisions and committed funding to expand this program.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolution.

#### **ACTION ITEM 7:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract **with Zaman Construction Corp (the "Contractor")**, to undertake a roof replacement of NYC Health + Hospitals/ Woodhull Hospital as part of Correctional Health Service ("CHS") Outposted Therapeutic Housing Units ("OTxHU"), for a construction contract amount of \$16,096,003, with an 11% construction contingency of \$1,778,981, to bring the total construction cost not to exceed \$17,874,984.

(Presented to the Capital Committee: 01/19/2024)

Oscar Gonzalez, Senior Assistant Vice President of Office of Facilities Development, provided background information, including the need for the replacement roof which is nearing the end of its service life as well as an overview of the project scope, procurement process and the project team structure. The project budget, MWBE status and ratings were also discussed.

There being no questions, upon motion duly made and seconded, the Board unanimously approved the resolution.

#### **ACTION ITEM 8:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with **Polaris Electrical Construction Corp.** (the "Contractor"), for a not to exceed amount of \$8,000,000, to provide electrical related construction services on an as needed basis at various NYC Health + Hospitals' facilities over a term of two years.

(Presented to the Capital Committee: 01/19/2024)

Mahendranath Indar, Assistant Vice President of Office of Facilities Development, provided background information as well as an outline of the original contract award and remaining contract value. Mr. Indar also gave a summary of anticipated services, an overview of the procurement and WMBE utilization plan.

There being no questions, upon motion duly made and seconded, the Board unanimously approved the resolution.

**ACTION ITEM 9:**

Ms. Wang read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute an **eight-month extension contract with Hawkins Delafield & Wood LLP ("Hawkins") to continue providing bond counsel services** related to the structuring and continuing implementation of the System's tax-exempt financing program for the period beginning December 1, 2023 through July 31, 2024 under the same terms and conditions of the existing contract - at hourly rates set forth - Partners, \$465 per hour; Senior Associates, \$415 per hour; Associates, \$390 per hour; Junior Associates, \$245 per hour; and paraprofessionals, \$160 per hour.

(Presented to the Finance Committee: 01/08/2024)

Linda DeHart, Vice President Finance, provided an overview of the extension of bond counsel services need, historical RFP and terms of the contract.

There being no questions, upon motion duly made and seconded, the Board unanimously approved the resolution.

**ITEM 5 - PRESIDENT REPORT - FULL WRITTEN SUBMISSION INCLUDED IN THE MATERIALS WITH FEW VERBAL HIGHLIGHTS:**

**NYC HEALTH + HOSPITALS HAD AN AMAZING 2023**

Dr. Katz reflected on the System's successes of 2023. Some of the highlights included the opening the new \$923 million Ruth Bader Ginsburg Hospital on the campus of NYC Health + Hospitals/South Brooklyn Health; in collaboration with other sister agencies, answering the need for asylum seeker care and services; and investing in loan repayment for behavioral health staff.

#### **SUNY DOWNSTATE BEGINS TO EXPLORE A TRANSFORMATION**

SUNY Downstate has announced that it is exploring a transformation with a continued goal of ensuring access to high-quality health care to Central Brooklynites. One of the issues affecting the university hospital is the amount of damages to the infrastructure and the significant amount of money necessary to make the repairs or rebuild. The SUNY Board of Directors will determine the future of the hospital and if the hospital were to close, NYC Health + Hospitals/Kings would likely take care of patients however, NYC Health + Hospitals/Kings County does not have the physical space nor staffing to manage the potential volume of patients. The System however, wishes to be part of the solution and will work with SUNY Downstate and other hospitals in the area to ensure continuity of care. The System has a long-standing relationship with SUNY Downstate and its medical school, which is a vital resource to NYC Health + Hospitals. The System employs SUNY doctors, and has clerkships with SUNY medical students, in addition to rotations with SUNY residents.

#### **ELMHURST REOPENS FORENSIC PSYCHIATRIC UNIT**

The forensic psychiatric unit at NYC Health + Hospitals/Elmhurst reopened after its closure in April 2020 due to the COVID-19 pandemic. The renovated unit can accommodate up to 12 incarcerated women in need of inpatient psychiatric care. Department of Correction staff will provide custody management, as it does in the men's forensic psychiatric unit at NYC Health + Hospitals/Bellevue.

#### **LIFESTYLE MEDICINE PROGRAM LAUNCHES AT NYC HEALTH + HOSPITALS/ELMHURST AS PART OF CITYWIDE EXPANSION**

The health System's Lifestyle Medicine Program has expanded to NYC Health + Hospitals/Elmhurst in Queens. This is the first time the program is available in Queens, and is the fourth of six new sites to make the program available Citywide.

#### **NYC HEALTH + HOSPITALS/GOTHAM HEALTH RECEIVES \$1.1M FROM THE BROOKLYN BOROUGH PRESIDENT**



The Brooklyn Borough President Antonio Reynoso allocated \$1.1 million of his Fiscal Year 2024 capital funding to support necessary infrastructure improvements and enhance patient services in Brooklyn.

## **BOARD DISCUSSION**

The Board asked questions regarding SUNY Downstate. Dr. Katz responded that one major concern is the appropriate placement of their students if they are not able to rebuild the hospital. Fortunately, there is a system and agreements in place for placement of these medical students. Not all medical schools have their own hospitals.

In response to questions from the Board regarding a vulnerability formula and assessment on our capacity to absorb the patient load if SUNY Downstate were to close, Dr. Katz responded, NYC Health + Hospitals/Kings could not absorb the entire patient census. Their census would have to be distributed across multiple hospitals. While there is capacity for pediatric and obstetrics beds and these can be easily accommodated, the City struggles with the availability of medical surgical and intensive care unit beds. Strategic planning is essential and that is why it is important for the System to be part of and involved in the planning process with SUNY Downstate.

Dr. Katz clarified that SUNY is run by the State of New York and a separate organization from the City University of New York (CUNY).

In response to other questions, Dr. Katz explained that while SUNY Downstate has some capacity for managing psychiatric emergencies, they do not have psychiatric in-patient beds.

Regarding sub-specialty care, Dr. Katz responded that some of the sub-specialties are in the out-patient setting. The SUNY Chancellor's plan specifically discussed the allocation of funds to enhance outpatient practice.

Dr. Katz asked Dr. Morse for her input, in terms of capacity, given her experience as a practicing physician at NYC Health + Hospitals/Kings. Dr. Morse responded that the NYC Health + Hospitals/Kings County is very busy and she has concerns about capacity and availability of in-patient medical/surgical beds, and access to kidney transplant and overall specialty care.

## **COMMITTEE REPORTS**

Mr. Pagán noted that the Committee reports are included in the materials for review and were submitted into the record. Mr. Pagán welcomed questions or comments regarding the reports.

**OLD BUSINESS/NEW BUSINESS**

**ADJOURNMENT**

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 4:05 P.M.



Colicia Hercules  
Corporate Secretary

# COMMITTEE

**Finance Committee Meeting - January 8, 2024**

**As Reported By: Freda Wang**

**Committee Members Present:** Mitchell Katz, MD, Freda Wang, Erin Kelly representing José Pagán in a voting capacity, Sally Hernandez-Piñero (virtual)

## **NYC Health + Hospitals Employees in Attendance:**

Michline Farag, Salema Tyler, Allison Hartmann, Paulene Lok, Linda DeHart, John Ulberg, James Cassidy, Rafelina Hernandez, Colicia Hercules

## **CALL TO ORDER**

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:03 a.m.

Ms. Wang noted for the record that according to the **By-Laws - Section 14, Committee Attendance**, if any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting:

José Pagán has authorized that Erin Kelly representing Anne Williams- Isom be counted for the purposes of quorum and voting on his behalf.

Ms. Wang also noted for the record Sally Hernandez-Piñero is in a listening capacity virtually.

Ms. Wang called for a motion to approve the December 4, 2023 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on December 4, 2023 were adopted.

## **ACTION ITEM: Bond Counsel Services Extension Request**

Ms. Linda DeHart - Vice President - Finance, read the resolution into the record and proceeded with the presented:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute an eight-month extension contract with Hawkins Delafield & Wood LLP ("Hawkins") to continue providing bond counsel services related to the structuring and continuing implementation of the System's tax-exempt financing program for the period beginning December 1, 2023 through July 31, 2024 under the same terms and conditions of the existing contract - at hourly rates set forth - Partners, \$465 per hour; Senior Associates, \$415 per hour; Associates, \$390 per hour; Junior Associates, \$245 per hour; and paraprofessionals, \$160 per hour.**

Ms. Linda DeHart began by providing an overview of bond counsel services, and the extension request for the continuation of these services in the interim while an RFP is being conducted. To avoid lapses in services, specialized services of experienced bond counsel are needed to prepare and review documents, issue formal independent legal opinions relating to security and tax law, and other areas, and to provide legal advice related to the System's capital financing program.

Hawkins Delafield & Wood LLP has served as bond counsel since 1995, and was most recently selected to continue serving in that role through a competitive Request for Proposal ("RFP") conducted in 2018 under OP 40-58 (Debt Finance & Treasury), which requires presentation to the Finance Committee and approval by the Board.

This eight-month extension contract will provide for the continuation of bond counsel services until the awarding of new contracts under an RFP for comprehensive legal services (including bond counsel service) being conducted by the Office of Legal Affairs. Lastly, bond counsel staff will be paid on a per hour basis based at existing rates.

Ms. Wang polled the committee for questions.

Ms. Hernandez-Piñero submitted written questions to the Chair of the Committee after reviewing the materials sent to Board members on January 5, 2024 - she inquired regarding Hawkins long-term bond counsel contract with H+H, since 1995, and if H+H has considered other vendors for this work.

Ms. DeHart responded that during that contract period H+H have had several other RFPs with competing bids that had been evaluated against other firms, and a decision had been made to continue with them. There has been a significant benefit with the experience that they have had with our program, and H+H is very happy with their service over time.

Ms. Wang inquired regarding the need to continue with their services, if we need to use their services periodically other than when we are doing a transaction.

Ms. DeHart agreed and continued, we use their services in some instances for arbitrage analysis, additional inquiries we may have, if we are considering different options we need to better understand, some questions on covenants, some renewals related to letters of credit or re-marketing or better terms of what is being offered.

Ms. Wang thanked the team.

Following the discussion and upon motion made and duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

#### **FINANCIAL UPDATE**

Mr. Ulberg opened the presentation with the cash projections for FY-24. The System is estimated to close December with approximately \$500 million (18 days cash-on-hand) and expects to close January with approximately \$600 million (22 days cash-on-hand). We continue to work closely with the City on our remaining liabilities due to them, as we continue to closely monitor our cash position.

Mr. Ulberg continued presenting the external risks. Several areas of focus are staff recruitment, retention, temp services and sessional costs which continue to present a financial challenge. The system is focused on the 18-month RN glidepath, which assumes hiring to start ramping up in FY-24 Q2. NYSNA negotiations closed on August and H+H implemented the "All Hands-on Deck" approach to recruit and retain RNs. Sites are tracking well towards achieving FY-24 glidepath targets. As of November 2023, H+H has a net increase of 652 FT/PT RNs since June 2023. 410 of the net new RNs are in the IP and ED Nursing models. The system is rolling off or converting non-clinical temps where appropriate. RN temp agency ramp down is expected to follow completion of orientation for new hires starting end of Q2 of FY-24. FY-23 Sessional spending surpassed FY-22 actuals and budget across all facilities. A sessional and locum expense reducing glide path has been implemented and is assumed to start in FY-24 Q3, reaching target by end of FY-25.

H+H is diligently working to address inflationary pressures and supply chain related costs continue to present a financial challenge as facilities submitted \$90M in gap closing plans to reduce spend including OTPS discretionary spending.

City and State budget challenges remain and H+H is currently working with OMB on the January Plan, which includes a 5% PEG target. H+H continues to closely monitor this as well as awaiting the Governor's Executive Budget to be released in January as well.

Ms. Wang inquired regarding the \$90M in gap closing, if it was previous to all PEGs.

Mr. Ulberg agreed and added that the \$90M was part of addressing either PEG 1 or PEG 2 and our overall development, knowing that we would have contributions there.

On behalf of Ms. Hernandez-Piñero, Ms. Wang inquired regarding the transition from agency nurses to full time nurses. Ms. Wang added, we are transitioning to full time nurses as agency nurses are costlier to us. How much is that in dollars in terms of the temp staffing for nurses and how long do we expect to be overbudget?

Ms. Tyler responded that some of that overspent is offset by our vacancy and we estimate our overspending for FY-24 is around \$179M and we expect it to go down significantly next year with the vacancy offset and lower than it was in FY-23.

Ms. Farag added that there are a lot of improvements on the nursing side. Including a reduction in our rates and all these components, and transitioning to full-time nurses is definitely great for our System, less costly and allows for stability. The recruitment post-NYSNA signed agreement has certainly been very beneficial and important.

Ms. Wang added that we would never be at 100%, but do we have a targeted goal number.

Mr. Ulberg responded that the numbers were very significant at the high watermarks whereas at one point 20% of our nurses were contract nurses. The cost difference between our own nurses versus the contract nurses fluctuated significantly with the market, and once we establish the NYSNA contract, this would place us more competitive in the market. For staffing and budgeting purposes, the model that we utilize is reducing contracted nurses to about 5% and we are aiming for this target. One thing we are grateful to get out of this contract is more flexibility within our own workforce and to establish flow pools to meet the demands of a particular facility or borough, to deploy our own resources more effectively rather than relying on more expensive contracts for likely a longer period of time.

Dr. Katz added that conceptually what we want is to use registry for its intended purpose and what it was meant for, which is unexpected temporary absences. For instance, if someone is on family leave or disability, that is what you intend to use registry for, to hold that employees' job until they return from leave as you do not want to hire somebody for a couple months. However, what it became because of our salary structure and a combination of the surge, was that we had temporary nurses working for four years. Although it is not the nurses' fault, we do not want to hire a long-term temporary staff as we would like them to commit and hire them directly to H+H. This new model and it is very impressive and good for everyone's morale.

Mr. Ulberg continued presenting the Federal Budget and regulatory impacts that continue to present a financial challenge due to the Medicare DSH cuts rule currently delayed and IPPS rule being implemented. H+H is tracking potential impacts. Lastly, Medicaid Recertification is currently meeting our budgeted recertification targets and continue to optimize our overall strategies to ensure that we stay on track.

Ms. Hartmann provided an overview of several ways the Revenue Cycle Team continues to innovate. Continued efforts to innovate and address various work streams are optimized through the use of technology. Some of the works in progress include predictive denial analytics, one-stop benefits, documentation analytics for missing charges, and Experian implementation including enhanced claim status, denial prioritization and insurance capture workflow enhancements.

Several initiatives in the pipeline include autonomous coding, AI for scanning and indexing, generative AI to respond to billing inquiries, draft appeals and expansion of Robotics Process Automation.

The Revenue Cycle Institute continues to expand its reach with 184 courses offered and 10,731 class completions in FY-23. The roll-out of Revenue Cycle New Employee Onboarding Training led to improved retention of employees.

Ms. Wang inquired regarding the onboarding training and if all new employees are going through the training as it clearly seems to be keeping our employees productive.

Ms. Hartmann responded that at the moment the new employee onboarding training is strongly encouraged and all efforts are made to enroll new employees into it. It is not mandatory, but we are exploring mandatory enrollment.

Mr. Ulberg added that we have been discussing this for a while, exploring how we can leverage the institute particularly for new employees, not only trying to teach them and make sure they understand all the vast technical knowledge, it also gives us a chance to introduce them to our culture which we believe it is very important.

Ms. Wang asked if the institute is all in-house. Mr. Ulberg responded that it is in-house with some contract out.

Ms. Hartmann added that the courses themselves, the live instructor are all in-house and then we do have a vendor for e-modules that are also available.

Ms. Wang asked how extensive is the training, if it is over a month or weeks.

Ms. Hartmann responded that it is several months. It is a series of classes that are offered before the individual starts performing their functions and one additional staggered along the way which the team has found that allows for better absorption of the material. The training helps employees' sort of get their feet under them and can take better advantage of some of the classes after they have already been performing their function for a little while.

Ms. Wang added that although this is just one-year of data, looking at it monthly, it is fifty to sixty-percent turnover rate for people who are not enrolled in the class. It seems and it would be worth while to take the time to have mandatory training to help them become more effective and culture building is really important part of that too.

Mr. Ulberg added that we have not gotten there yet but we can also consider linking the completion of certain trainings and modules to advancement. Investing in us and going through the different steps, in turn, we invest in you, this is also esoteric knowledge, but also transferable and we would like to take that next step and build it into our progression and advancing staff.

Ms. Hartmann continued by providing an update on Medicaid Recertification results that remain in line with NYC Health + Hospitals Financial Plan. NYC H+H is currently averaging 80% for June through October 2023 cohorts

recertified from the biggest health plan partners. Recertification rate for MetroPlusHealth members has trended down slightly during this period, which we believe is primarily attributable to a lower recertification rate for certain immigrant populations. Further, recertification rates for NYC residents is in line with the rest of NYS.

Ms. Wang inquired regarding the NYC H+H Recertification status chart, we are currently averaging 80% but with the projections in November and December being much lower do we believe we will drop below?

Ms. Hartmann responded that for November and December the lighter color in the chart indicate that those months have not fully matured yet. Individuals can recertify by the end of the month following the month they are due for recertification and there is still even a little bit of late renewal activity.

Ms. Wang added that we might be higher than the 80% hopefully.

Ms. Hartmann added that we expect November and December to be similar to the previous months. Ms. Wang added that the previous months may potentially be even closer to our stretch goal. Ms. Hartmann agreed.

Dr. Katz added that the chart does not get closer to the stretch goal as it is not cumulative. Every month a new group of cohorts is eligible and we are seeing the variety. There may be a trend for those who do at the beginning of the month and some who do it later in the month. If we do not get to the goal is that a substantial amount of money?

Mr. Ulberg responded that the target is 80% but we did not budget 80%, we are currently exceeding budget. Dr. Katz added that financial we will be okay then.

Mr. Ulberg added that the main concern on the December cohort is the SSI population.

Ms. Hartmann added that the December cohort in terms of numbers is the biggest so it will have the most significant impact on the rate. Currently, we are not seeing any significant impact on the December population in terms of their recertification rates at this point.

Mr. Ulberg continued that the concern that we do have is the SSI population that is done on paper and it is very important that we do not break care with them because they are SSI disabled and its imperative that we keep a connection with their health insurance and that we do not loose their clinical connection, so we have been talking with MetroPlus and Healthfirst on different strategies we can employ and even talking to the State as obviously they do not want us to loose that cohort in the whole process. These are done on paper because it is complicated.

Ms. Wang added they can not do it online and they come up in December.

Mr. Ulberg continued stating that the State had the option to push that date out and our hope would be that if it does not look like we are capturing the



numbers that we would go back to them and just push it out another month and continue to monitor.

Dr. Katz added that the SSI population is sort of bi-modal population. Those who have medical illness, you are likely to get them because they have a need and are going to be coming. The problem will be with the people who have SSI based on a behavioral health diagnosis who often avoid care unless brought in by PES and they are not in a position where you can get documentation either. The data on people going off SSI is very small.

Ms. Wang asked regarding MetroPlus decline over the months.

Ms. Hartmann responded that MetroPlus is slightly trending downwards and more information will be provided on this shortly. Overall MetroPlus decline is primarily due to MetroPlus having a significantly immigrant population and we are seeing some individuals who enrolled during the PHE when documentation requirements were eased and now when they come up for renewal have trouble producing documents to show a qualifying immigration status. Both NYC H+H and MetroPlus have done some work about educating our staff on what documents to look for so we can really try to work with that group and allow them to renew wherever possible.

Dr. Katz added that it could be that the best review will still not be able to make them eligible. However, if MetroPlus disproportionately has people who we were able to be enrolled at a time when documents were not looked at, being H+H we took care of that population whom seemed eligible at the time. Therefore, we will lag behind and it will not be our fault.

Ms. Hartmann added that we are trying to optimize but it is possible that the lower rates we are seeing for recent months will continue to be the baseline for MetroPlus.

Ms. Hartmann continued by presenting an overview of NYC H+H and Health Plans continued collaboration and workflows optimization. Over 243K+ Managed Care members attributed to H+H due for recertification from June to December 2023 and 153K members have renewed so far. For those months, members who have been able to recertify through the end of the following month shows about an 80% success rate.

The current focus continues to be having both a centralized telephonic financial counseling team in collaboration with our health plan partners to try to proactively outreach to members and/or patients due for recertification. Testing new tools to successfully complete more complex renewals over the phone. Facility-based Financial Counselors helping patients with care appointments or who need in-person assistance. Some of the headwinds H+H faces start with the largest cohort of members/patients due for recertification is December 2023 which is almost twice other months on average. Certain immigrant populations are not eligible upon renewal because they cannot produce documentation to support a qualifying immigration status. Education and scripting rolled out to Health Plans reps

and Financial Counselors. Finally, the upcoming expansion of comprehensive Medicaid Managed Care coverage to undocumented seniors aged 65+.

Mr. Ulberg added in regards to the one-stop benefits. This is an exciting new area and as we go through the eligibility process and the exchange for healthcare insurance, our financial counselors gather plenty of information. We are reviewing to see if we are able to take this information and apply it to other benefits that the person might be eligible for such as qualifying them for housing. Some studies show that those eligible for one public benefit may be eligible for other public benefits. We have financial counselors that have been doing an exceptional job and continue to try to do more to leverage technology. Further, it has major VBP implications, where they are looking at the hospital, not only for the healthcare services, but for the full range to determine services that can be captured. We are excited about it. Trying to connect different silos of government and State data and if we can bridge those, which we believe we might.

Ms. Wang added if we are referring to expanding the training of the financial counselors to be able to think about all the different pathways.

Mr. Ulberg agreed and added that they are pretty excited about it as it gives them something new to engage with future enrollments and fits nicely with VBP and with MetroPlus and Healthfirst as it all fits together but it is challenging as we have all these different rules and different databases with different projections on those databases. But, again we feel that Health + Hospitals is well positioned with the infrastructure we have in place with our financial counselors we just need to expand that a little more.

Ms. Wang asked if this activity leverages Epic.

Mr. Ulberg agreed that it leverages Epic, and added that financial information used to qualify a person for health insurance, some of that information carries directly over and is gathered with other pieces of data that fully determines whether the person is eligible or not. Artificial Intelligence is gathering all these data and at this point just making a prediction whether the person qualifies given all the other information and demographics that we have. Eventually we would like to build it to a point where we can grab the data and do the actual application at the first visit.

Ms. Wang added that AI speeds up everything in a short period of time, and asked if we are able to track some of this that you are taught to connect the links from getting people that re-enrolled and recertified to VBP outcomes.

Mr. Ulberg noted that would be our goal. The literature tells us that one of the things you can mostly do to improve someone's health outcome is to make sure that they have housing and food; but eventually we hope to be able to track all of this.

Ms. Wang added that this is great, thank you.

Dr. Katz added that getting people food is another type of income assistance. Even if they are not suffering from food in-security, if you help them pay for food, it would be the equivalent of giving them economic assistance which we know is a huge benefit.

Mr. Ulberg continued to the VBP section. He noted all the work that has been placed on these priorities by the VBP team. Mr. Ulberg stated he can try to explain these slides or we can hold for next meeting as the VBP team spent a lot of time and work into these, and would be better suited to explain in greater detail. Ms. Wang agreed and added, happy to hold for next meeting and it is worthwhile to hear in much more detail.

Mr. Ulberg continued stating that on a monthly basis they meet with the facilities and a significant part of the discussion with them is performance. We are trying to get more intentional about that and the work that they have done here.

Dr. Katz commented that VBP is clearly what we should be doing. He noted that there is the cultural problem that for many years people were pushing productivity. However, we want people to be seen and have the visits, it is just that we do not want that to be the driver. We want population management to be the driver of the visits and it requires the change in culture which is always harder and longer. It is not as simple as sending out memos, especially if it is been drummed into people to see a number of patients. However, the ones we want you to see are the ones who have not been seen, who have a care gap. That requires, better data and a different mindset. Even very good doctors are used to the idea that if the person does not come, the person does not come. That is not unusual, and it is not totally wrong either because people are allowed to make choices and you cannot force people as sometimes what the doctor thinks is important is not in fact, the same thing as what the patient thinks is important. The classic example is colonoscopy, where if you have a positive fit test you really need a colonoscopy. However, a lot of people really do not want a colonoscopy. The debate whether you should push to ask them once or every time. Most of time, people who have a positive blood in the stool will not have a serious disease and may have something very minor maybe a hemorrhoid, etc. The point is the percentage who do have something serious enough is high enough that you would that the doctor says, just like those people admitted for a heart attack do not have a heart attack. We admit people because the likelihood is sufficiently high. Doctors are focused on the risk. Someone who has a 5% risk of dying, for a doctor that is huge, but for the patient it means 95% chance, then they are fine. It is a very different mentality.

Although we are taking care of a group of people who have other issues going on at the same time and who, therefore, may not be able to prioritize their own health in the same way than patients seeking care and other institutions might be able to do. So, trying to figure out the right balance when someone says I cannot do that procedure because I cannot take off from work, or I do not have anyone who can take me to that procedure. It is very different than

when you are working with middle class populations and there is always somebody to take them or have sick leave. It is how do you help someone if they do not have sick leave or figure out who can take them when they do not have someone. It is just a very different population, our population requires a different level of thought, but clearly VBP is the right thing for us as we do not want to be about churning visits.

Ms. Wang inquired on our percentage mix now of VBP.

Mr. Ulberg responded that he does not have the exact figure, but a rough estimate maybe around 60%. Taking into consideration anything that is capped meaning certainly, risk pool performance is included. The dollars are capped. We operate differently than operating a fee for service organization trying to churn visits. For us, is about 60% is fixed, including DSH dollars as well as risk dollars. We are trying to turn that 60% into a higher number by capturing more enrollment membership or even engaging in different relationships with our insurance partners.

Dr. Katz added that another complication which everybody is dealing with at VBP, is that since it is value-based payment the focus should be to take care of the patients better but it is not, as the rates set for VBP are based on utilization of services. It is sort of unavoidable, the bulk of our patients of Medicaid or Medicare. The cost includes things like visits but not things like email or phone call so it is a bit circular. You may wind back to having to show your productivity even though that may not be what the person most needs.

One general solution would be to try focusing on diagnosis. Documenting their severity and including the idea that I reach out. But even that, many of the VBP plans if you do not read documents, their disease periodically, then the diagnosis falls off on the theory again that if they had such a serious diagnosis, why are you not seeing them. And the answer is because many things we do, does not need an actual visit. We need them to do certain things instead. One way to think about it is, what went wrong with the first managed care, the thought that you are getting paid for seeing people less. Then we came to getting you the value driven care that you need but then not everyone agrees on what are the value driven things and what that means. For sick people, most medicine does not cure illness. We help people manage chronic conditions and we mostly do preventive care which is not cost saving, it is cost effective. For instance, mammograms do not save money, it is worth spending that money in order to save lives but it does not save money, it is a good expense.

Everyone agrees conceptually on that VBP is the way the country should go but the details around it, they do not. The details whether to include some measures on utilization as part of VBP or not. Should email be included but that is more administrative and does not seem like the right answer. Conceptually to imagine a world where everybody's health status generate certain payment and they get to choose the provider and based on their satisfaction with the provider they get the payment. One of the challenges

about VBP is that the person who is the most challenging to take care of, may not be necessarily the one with the longest list of Chronic diseases. Maybe someone with difficult anxiety or a terrible social situation that may be difficult to enter a diagnosis or difficult for coding. A fundamental problem of VBP is that it has so much utilization to determine the underlying rate and it is a fundamental flaw in a truly value-based payment system, but we understand why that flaw exists and we do not have an easy solution that works for taxpayers. For Medicaid and Medicare system no one will like the idea that people are earning more than the cost. Not an easy financial problem.

Mr. Ulberg added that they are making a headway in terms of using social determinants as predictor of what the rates and cost should be. CMS is looking at that, and signaling that they will incorporate that into both Medicare and Medicaid side. We will participate in that thinking as it makes a lot of sense to us. In terms of providing health care in the city, when a patient is assigned to one provider and goes to another one for the care, the movement of the patient to another health system to get care is one that we are trying to contain or control and the best way to do that is making sure that our provider is doing their job and that the person recognizes that they should come to us for care in the first instance.

Dr. Katz noted the difference between systems in California and New York.

Mr. Ulberg continued stating there is a lot of money there in the salary system. That is another thing we are trying to figure out with different thoughts in mind for MetroPlus and Healthfirst; there is a belief to the extent that the patient can stay within the network they have chosen, there is a better opportunity to provide the care that they need.

Dr. Katz added that we have work to do to make that happen. To have the same waiting time. MRI costs, needs, scheduling and urgency samples were noted. We are focused on need, not to make an MRI for instance as costly as possible. Dr. Katz continued noting several models such as Urgent Care model whose focus is not building therapeutic relationships which many of us believe do have long lasting improvements than getting to know people, but that is not their model. They have lots of customers and there is definitely a demand for it. Fulfilling their demand, people appreciate having them.

Ms. Wang noted that we have discussed several policy and philosophical questions that places H+H well-positioned to be at the forefront of changing and influencing. Ms. Wang thanked Dr. Katz and the whole team for the helpful update. For next meeting we can dive deeper into what H+H is actually doing on VBP.

Ms. Wang polled the Committee for questions. There being no further questions, Ms. Wang thanked the team.

#### **ADJOURNMENT**

There being no further business before this committee, the meeting adjourned at 12:05 PM.

**Capital Committee Meeting – January 19, 2024**

**As reported by:** José Pagán

**Committee Members Present:** Mitchell Katz, MD, José Pagán, Erin Kelly, Karen St. Hilaire, Sally Hernandez-Piñero – virtually in a listening capacity only

Mr. José Pagán called the meeting to order at 11:38 a.m.

Mr. Pagán called for a motion to approve the December 4, 2023 minutes of the Capital Committee meeting and stated that Erin Kelly would be representing Deputy Mayor Anne Williamson, and Karen St. Hilaire would be representing Molly Wasow Park, both in a voting capacity.

Sally Hernandez-Piñero – virtually in a listening capacity only.

**Upon motion made and duly seconded the minutes of the Capital Committee meeting held on December 4, 2023, were unanimously approved.**

**VICE PRESIDENT REPORT**

Manuel Saez provided the Vice President's for the Office of Facilities Development report.

Mr. Saez noted that the last month of the year proved to be an eventful one.

Over the Christmas weekend, water and petroleum infiltrated the Women's Health Pavilion elevator pit at NYC H+H Elmhurst. Our Emergency vendor along with our elevator maintenance vendor responded and provided resources expeditiously to pump and dry the elevators pits, and were able to identify and repair the cause of the infiltration, allowing the elevators to be placed back into operation.

In the NYC H+H Lincoln emergency room, a patient was unfortunately able to break a sprinkler head, resulting in massive amount of water distribution. Teams worked around the clock to stop the water and perform clean up and repairs to allow affected areas to resume providing care to patients as quickly as possible.

As a result of the recent events at NYC H+H Woodhull, the department is in the process of working to identify short-term projects that will address our resiliency needs and have a positive impact on the maintenance efforts at our facilities.

Final selection of a vendor of our Facilities Work Order Management System is approaching, and further updates will be available later in the year. This is a computerized system developed to help our staff across the System create and manage work order for repairs or maintenance, creation and ongoing management of a preventive maintenance program, reporting, and regulatory preparedness.

Mr. Saez advised that there would be three items for consideration by the Board – The Just Home Project in collaboration with CHS, a request to award a contract for the replacement of the roof at Woodhull Hospital also in collaboration with CHS, and a request to award a JOC contract for Electrical Construction services.

Leora Jontef read the resolution for consideration:

**Authorizing New York City Health and Hospitals Corporation (the "System") to execute a 99 year sublease (including tenant renewal options) with The Fortune Society, Inc. or an affiliate housing development fund corporation formed for the transaction ("Fortune"), of the 6 story Building 2: Staff House containing approximately 55,000 square feet (the "Building") and the land on which it is located measuring approximately 30,000 square feet including surrounding grounds and 10 parking spots (the "Property") on the NYC Health + Hospitals/Jacobi ("Jacobi") campus to be renovated to create a multifamily residential building with 84 units of affordable housing for households earning less than 80% Area Median Income (AMI), community rooms, a lobby, and onsite social service suite including 58 permanent supportive housing units for formerly-incarcerated, medically-complex individuals who would otherwise be homeless, 25 units of affordable rental housing for low income households and 1 live-in super's unit at no charge other than an annual lease servicing fee of \$12,000 increasing by 5% every five years; and**

**Authorizing the System to enter into a 15-year contract with Fortune to provide on-site comprehensive supportive services for the Building's residents at an annual cost of \$1,050,000 a year for a total cost over such term not to exceed \$15,750,000.**

Ms. Jontef and Ellie Epstein, Assistant Vice President narrated a presentation providing background information, services to be provided, terms of the lease and timeline. They were joined by Chris Mastromano, Chief Executive Officer, Ellen Barlis, Deputy Executive Director, NYC Health + Hospitals/Jacobi.

Mr. Pagán asked on behalf of Freda Wang after her review of the materials distributed on January 12, 2024 to the Board Member:

- how renewals under the 99-year sublease would be handled. Ms. Jontef said that they were accounting for the maximum term in the agreement. Mr. Berman added that tenant options accumulate to 99 years but the spacing of the options are subject to negotiation.
- Mr. Pagán asked for an explanation of the reference to an affiliate in the resolution. Mr. Berman said that all HPD deals are done with Housing Development Finance Corporations (HDFCs) formed under housing

finance law that qualify for tax exemptions and participate in HPD loan programs. Deals are most commonly initiated with the developer and then over the course of the deal the developer forms an HDFC to be the named tenant to qualify for the criteria. All these deals work off the same HPD term sheets which specify the terms of HPD financing and then the remaining gap in financing the developer is expected to fill with community loans. Another investment piece comes from tax credit finance investors. They come into the deal and have some ownership participation. The HDFC is the entity that is put forward but behind it is Fortune Society and these tax credit investors that form a Limited Liability Corporation (LLC) that stand behind the HDFC.

Dr. Katz noted that while the word affiliate may indicate that the lease could be with someone other than Fortune, the explanation confirms that that any other entity would need to fit the narrow, regulated format and would require approval by the City and State. Mr. Berman agreed, and added that one entity is listed as the "active" entity and that entity is Fortune Society.

Dr. Katz asked what would happen if Fortune dissolved. Mr. Berman said there were very strict provisions for who can succeed. The space is highly regulated.

- Mr. Pagán asked how Fortune was selected. Ms. Jontef said there were over 40 names on the HPD pre-qualified list and HPD assess capacity and pipeline when making determination.
- Mr. Pagán asked how the servicing fee was determined. Ms. Jontef said that was calculated to offset time invested in the project and overhead but without overburdening the project.
- Mr. Pagán asked what would happen if the annual cap was exceeded. Ms. Epstein said that the cap presented was slightly above standard provision for comparable supportive housing and the City did think it appropriate but there would be additional sources of funding anticipated to be leveraged by Fortune such as Medicaid funded services.
- Mr. Pagán asked what would happen after the lease expires. Ms. Jontef said that most likely the City would step in to renew and support.
- Mr. Pagán asked how Fortune plans to require tenants to engage in community programs. Ms. Epstein said once leases are signed there is not a requirement to engage but this is a small patient population that CHS comes to know quite well and knowing the clinical needs and personal desires helps indicate those that would be a good fit. Fortune then performs their own rigorous housing application process. The goal, through that screening process, is that the right people are



selected. Residents are not required to participate in activity but are required to meet the terms of their lease.

- Mr. Pagán asked for confirmation that Fortune carries all costs of managing the building. Ms. Jontef said yes.
- Mr. Pagán asked if the resolution language could be revised to clarify the leased space includes a lobby and suite for administration of services. Mr. Berman said that would be done.
- Mr. Pagán asked that the lease term be corrected to clarify 50 or 55 years and that the term "staff" be expanded on. Mr. Berman said that would be done.

After discussion - upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Mr. Saez read the resolution for consideration:

**Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Zaman Construction Corp (the "Contractor"), to undertake a roof replacement of NYC Health + Hospitals/Woodhull Hospital as part of Correctional Health Services ("CHS") Outposted Therapeutic Housing Units ("OTxHU"), for a construction contract amount of \$16,096,003, with an 11% construction contingency of \$1,778,981, to bring the total construction cost not to exceed \$17,874,984 with the project anticipated to start in March 2024 for a duration of 12 months.**

Oscar Gonzalez, Senior Assistant Vice President, narrated a presentation providing background information, overview of project scope, solicitation process, contract terms, MWBE status, and project budget. Mr. Gonzalez was joined by Cary Cheung, Senior Assistant Vice President, Correctional Health Services.

Upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Mr. Saez read the resolution for consideration:

**Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a requirements contract with Polaris Electrical Construction Corp. (the "Contractor"), for a not to exceed amount of \$8,000,000, to provide electrical related construction services on an as-needed basis at various NYC Health + Hospitals' facilities over a term of two years.**

Mahendranath Indar narrated a presentation providing background information, summary of anticipated services, overview of procurement, and WMBE utilization plan.

Upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

There being no further business, the Committee Meeting was adjourned at 12:19 p.m.

**Mitchell H. Katz, MD**  
**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**January 25, 2024**

## **NYC HEALTH + HOSPITALS HAD AN AMAZING 2023**

2023 was another incredible year for NYC Health + Hospitals. Highlights include opening the new \$923 million Ruth Bader Ginsburg Hospital on the campus of NYC Health + Hospitals/South Brooklyn Health; answering the need for asylum seeker care and services; and investing in loan repayment for behavioral health staff.

We were recognized for delivering high-quality, award winning care; opened new facilities and spaces across our health system; found permanent housing for hundreds of patients; launched new food programs at several our hospitals; invested in our behavioral health staff and facilities; gained pay parity for our nurses; and used creativity to connect and heal our patients.

NYC Health + Hospitals has so much to be proud of last year, and I want to thank our staff across the health System for the hard work they do every day to serve our patients and New Yorkers.

## **LISTEN TO *THE REMEDY*, NYC HEALTH + HOSPITALS' NEW PODCAST**

From the health System's singular perspective as the largest safety net hospital system in the nation, *The Remedy* covers topics such as the power of primary care, food as medicine, women's health, preparing for the next pandemic, caring for people experiencing homelessness, and the health needs of migrants. It offers a voice that no other podcast can. Host Dr. Michael Shen from NYC Health + Hospitals/Woodhull speaks to health system leaders, experts, and specialists on topics affecting patients, New Yorkers, and the nation. The podcast will include seven episodes, with a new episode released every two weeks. *Episode 1: The Power of Primary Care* and *Episode 2: Food is Medicine* are available at Apple Podcasts, Spotify, iHeartRadio and other podcast platforms.

## **DANIELLE DIBARI, SENIOR VICE PRESIDENT OF BUSINESS OPERATIONS, CHIEF PHARMACY OFFICER AND CHIEF PROCUREMENT OFFICER, IS RECOGNIZED BY THE JOURNAL OF HEALTHCARE CONTRACTING AS ONE OF THE "WOMEN LEADERS IN SUPPLY CHAIN"**

Danielle DiBari, Pharm.D., Senior Vice President of Business Operations, Chief Pharmacy Officer, and Chief Procurement Officer for NYC Health + Hospitals, was recognized by The Journal of Healthcare Contracting in its 2023 "Women Leaders in Supply Chain" list. The list recognizes women leaders who are instrumental in navigating the challenges facing supply chain teams as they contribute to the success of their organizations. The leaders are

nominated by the readers of The Journal of Healthcare Contracting and selected by the editorial staff, who consider the nominee's tenure in supply chain, commitment to continued learning, and recent responsibilities and projects. The Journal of Healthcare Contracting is a publication dedicated to the healthcare supply chain, focusing on the interactions of the four primary stakeholders in healthcare contracting: health systems and their facilities, manufacturers and suppliers, distributors, and group purchasing organizations.

#### **NYC HEALTH + HOSPITALS WELCOMES THE CITY'S FIRST BABY AT SOUTH BROOKLYN HEALTH**

We welcomed the first baby of 2024 at NYC Health + Hospitals/South Brooklyn Health. This is the fifth first baby of the New Year in a row for the hospital. The baby boy was born at midnight, weighing 7 lbs. 12.5 oz. and measuring 21 in. The baby boy was born to mom and dad, Rafael Abitbul. The baby boy was the Flatbush couple's first child. The father of the baby was born at the same hospital, formerly named NYC Health + Hospitals/Coney Island, 23 years ago. The same doctor who delivered him delivered his new son.

#### **SUNY DOWNSTATE BEGINS TO EXPLORE A TRANSFORMATION**

NYC Health + Hospitals/Kings County's neighbor across the street, SUNY Downstate, has announced that it's exploring a transformation with a continued goal of ensuring access to high-quality health care to Central Brooklynites. Our health system has a long-standing relationship with SUNY Downstate and its medical school, making us a natural partner in their endeavor. Through their transformation we will listen and assist as we are able.

#### **RESPONDING TO THE HUMANITARIAN CRISIS - SERVICES FOR ASYLUM SEEKERS**

NYC Health + Hospitals remains a central pillar of the City's response to the ongoing humanitarian crisis. Our network of 16 humanitarian centers provides transformative support to approximately 25,000 asylum seekers in our care, around 75% of whom are families with children. At our sites guests are met with dignified care and the resources to find a path to a more promising future.

From the beginning of the crisis, NYC Health + Hospitals has prioritized urgent medical care for newly arrived asylum seekers, many of whom have endured harrowing journeys to New York City and arrive in extremis. Early this month, our staff at the Arrival Center reached a significant milestone—registering and providing critical medical services to over 100,000 new arrivals since the facility opened last May. The dignified welcome and immediate access to services the Arrival Center provides asylum seekers up front, often hours after reaching the City, has ensured people receive the

healthcare they deserve and the social and casework services to most effectively continue their journey.

This month we also began discharging families who have stayed in our care the longest at the Row Hotel humanitarian center. Prior to guests' departure, over the course of more than four case management meetings on average, staff discussed their goals, identified their needs and connected them with the services to move forward, whether that's connecting with friends or family elsewhere, receiving job training, language classes, or legal assistance with work authorizations and asylum applications. For families who wish to stay in the City's care, we have prioritized placements in shelters or humanitarian centers for children K-6 that do not disrupt their access to the schools where they are currently enrolled.

As we look forward into 2024, our expanded case management services will offer guests a road map to independent, long-term stability. And while guests are in our care, whether [joining Girl Scout troops](#) or [celebrating the holidays with a gift](#), we will continue to make sure they feel a sense of belonging, opportunity, and a new home in our City or across the country.

#### **NYC HEALTH + HOSPITALS/HARLEM RECEIVES SCOPY AWARD FROM THE AMERICAN COLLEGE OF GASTROENTEROLOGY FOR COLON CANCER OUTREACH EFFORTS**

NYC Health + Hospitals/Harlem CEO Georges Leconte and Chief of Gastroenterology Joan Culpepper-Morgan, MD received a Scopy Award from the American College of Gastroenterology for a video produced last year where Mr. Leconte allowed cameras to follow him as he prepped and underwent a routine colonoscopy. The video encouraged New Yorkers aged 45 to 75 to get screened for the preventable cancer and to de-stigmatize the potentially life-saving procedure. Colorectal cancer, also known as colon cancer, occurs in the colon or rectum and is the second-leading cause of cancer death in New York City. African Americans are about 20 percent more likely to get colon cancer and about 40 percent more likely to die from it than most other groups, according to the American Cancer Society. NYC Health + Hospitals offers colonoscopies and the at-home fecal immunochemical (FIT) test, which is easy and less invasive, to help prevent colon cancer or find it early when it is more treatable.

#### **NYC HEALTH + HOSPITALS/GOTHAM HEALTH, MORRISANIA RECOGNIZED BY THE CDC AS MILLION HEARTS HYPERTENSION CONTROL CHAMPION**

NYC Health + Hospitals/Morrisania, Gotham Health was recognized by the Centers for Disease Control and Prevention as a 2023 Hypertension Control Champion. The site was able to achieve blood pressure control for at least 80% of their adult patients with hypertension. Gotham Health, Morrisania was the only clinic in New York State to receive this prestigious award in 2023.

The Million Hearts Hypertension Control Champions are clinicians, practices, and/or health systems that have achieved exemplar rate of hypertension control. Hypertension, or high blood pressure, is a leading contributor to heart disease and stroke, affecting millions of adults across the United States. Despite its prevalence, achieving effective control of hypertension remains a challenge for many. NYC Health + Hospitals/Morrisania, Gotham Health has made blood pressure control a priority for its patients and was able to achieve blood pressure control for at least 80% of its adult patients with hypertension.

This award reflects not just the excellence of our clinical practices, but also our dedication to the broader goal of Million Hearts: to prevent 1 million heart attacks and strokes. The CDC's recognition of our efforts is both an honor and a responsibility to continue leading the way in cardiovascular health.

#### **OFFICE OF DIVERSITY AND INCLUSION PARTNERS WITH THE INSTITUTE FOR HUMAN IDENTITY TO DELIVER ADVANCED TRAINING IN LGBTQ+ AFFIRMING CARE**

In early January our Office of Diversity, Equity and Inclusion partnered with the Institute for Human Identity (IHI) to develop and deliver the "LGBTQ+ Mental Health Training Project," an advanced clinical training program for the health System's mental health professionals aimed at building their clinical knowledge and skills to provide affirming therapy to LGBTQ+ patients. IHI is the nation's first and longest-running provider of LGBTQ+-affirming psychotherapy. Augmenting NYC Health + Hospitals' robust services in LGBTQ+-affirming healthcare, the comprehensive, three-month-long program acknowledges and addresses the unique mental health challenges and health disparities faced by lesbian, gay, bisexual, transgender, gender non-binary, gender diverse, asexual, intersex, queer, and other patients identified with LGBTQ+ communities.

The program focuses on mitigating the impacts of social stigma, minority stress—a particularly harmful form of psycho-emotional stress affecting many LGBTQ+ people—and the intersectional experiences of discrimination and violence on LGBTQ+ patients with multiple marginalized identities related to race, ethnicity, documented status, socio-economic status, ability, and others. This collaboration builds on existing trainings and the health System's long-standing commitment to the LGBTQ+ community, including its seven Pride Health Centers, which are dedicated spaces where people of diverse sexual orientations and gender identities can access individual care with respect and dignity.

#### **THE MEDICAL INTENSIVE CARE UNIT II AT NYC HEALTH + HOSPITALS/LINCOLN RECOGNIZED WITH SILVER BEACON AWARD**

NYC Health + Hospitals/Lincoln's Medical Intensive Care Unit II received a silver-level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). The Beacon Award for Excellence, a significant

milestone on the path to exceptional patient care and a healthy work environment, recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN's Healthy Work Environment Standards.

The silver-level Beacon Award for Excellence signifies an effective approach to policies, procedures and processes that includes engagement of staff and key stakeholders. MICU II earned its silver award by meeting the following evidence-based Beacon Award for Excellence criteria, including Leadership Structures and Systems, Appropriate Staffing and Staff Engagement, Effective Communication, Knowledge Management and Learning and Development, Evidence-Based Practice and Processes and Outcome Measurement.

#### **ELMHURST REOPENS FORENSIC PSYCHIATRIC UNIT**

Almost four years after its closure in April 2020 due to the COVID-19 pandemic, the forensic psychiatric unit at NYC Health + Hospitals/Elmhurst Hospital reopened this week. The renovated unit can accommodate up to 12 women in the custody of the NYC Department of Correction. Incarcerated patients in need of inpatient psychiatric care are referred by NYC Health + Hospitals/Correctional Health Services and evaluated and admitted by Elmhurst Hospital clinicians. The unit features newly renovated rooms for individuals, a common "day room" area, and special fixtures to prevent self-harm. DOC staff will provide custody management, as it does in the men's forensic psychiatric unit at NYC Health + Hospitals/Bellevue.

#### **NYC DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES AND NYC HEALTH + HOSPITALS' OFFICE OF FACILITIES DEVELOPMENT CELEBRATE THE COMPLETION OF FIRST EVER SOLAR POWER INSTALLATION AT CITY'S HEALTH SYSTEM**

A new 55KW solar panel installation was completed this past December at NYC Health + Hospitals/Elmhurst. It will supplement the facility's daily energy use with cleaner, greener, renewable power. The project started in March 2020 and it will create power equivalent to that used in approximately 14 New York City households. This is the 155th municipal solar project installed by DCAS totaling at least 24 megawatts.

The project was completed as part of DCAS' Clean Energy Generation program, which is working to expand distributed energy resources, including solar photovoltaic and energy storage installations across the City's portfolio of properties. Installations include solar on building rooftops and other innovative projects like solar canopies in parking lots, garages, and wastewater treatment facilities. Some installations feature battery storage that can supply electricity during a power outage, including the Elmhurst project.

#### **NEW TOOL TO CONNECT PATIENTS TO COMMUNITY RESOURCES IS INTERGRATED INTO EPIC, THE HEALTH SYSTEM'S ELECTRONIC MEDICAL RECORD**

FindHelp, the health System's new tool to connect patients to community resources, is now integrated into the electronic medical record. It includes a social service referral platform and network of more than 7,000 programs -

including food assistance, transportation, and shelter – serving New York City that is regularly updated to ensure accuracy. The new tool is part of NYC Health + Hospitals’ robust social needs screening program, which screened over 250,000 primary care patients for social needs in 2023. Over one in four patients who were screened last year wanted assistance with social needs. The new platform will help the health system staff refer patients to community resources. Later this year, NYC Health + Hospitals will expand its social needs screening to include inpatient settings.

Findhelp enables NYC Health + Hospitals staff to generate automated resource recommendations after completing the Social Determinants of Health screening tool in Epic. The recommendations are tailored to where patients live and is then added to the paperwork that patients receive after a doctor’s visit. Staff will also use the Findhelp platform to search for community-based resources to address patient needs and can share them with patients via text or email in their preferred language. They will also send closed-loop referrals to select community-based organizations to follow-up with patients and connect them to care.

Patients can also access Findhelp through a new website to find local community-based organizations that offer social services, such as food assistance, transportation, shelter, and ESL and job training programs. Patients can access the site through MyChart or directly from the NYC Health + Hospitals homepage by clicking “Find Resources in My Community.”

#### **LIFESTYLE MEDICINE PROGRAM LAUNCHES AT NYC HEALTH + HOSPITALS/ELMHURST AS PART OF CITYWIDE EXPANSION**

The health System’s nationally recognized Lifestyle Medicine Program has expanded to NYC Health + Hospitals/Elmhurst in Queens. This is the first time the program is available in Queens, and is the fourth of six new sites to make the program available citywide. It follows launches at NYC Health + Hospitals/Jacobi, Woodhull, and Kings County. The pilot program, launched at NYC Health + Hospitals/Bellevue in 2019 with the support of then-Borough President Eric Adams, has already seen hundreds of patients. The Lifestyle Medicine Program’s team supports patients in making evidence-based lifestyle changes, including a healthful plant-based diet, increased physical activity, improved sleep habits, stress reduction, avoidance of substance use, and stronger social connections. Adults living with prediabetes, type 2 diabetes, high blood pressure, heart disease, or health concerns related to excess weight are eligible to enroll. The program can accommodate 48 new patients each month, and the care team at each site includes physicians, nurse practitioner(s), certified nurse midwife (Woodhull only), a dietitian, a health coach, community health workers, a psychologist, a program coordinator, and an exercise trainer.

#### **THE STATE’S #1 NURSING HOME – NYC HEALTH + HOSPITALS/SEA VIEW – CELEBRATED ITS TOP HONOR**



On January 11, NYC Health + Hospitals/Sea View kicked off the New Year as the #1 Ranked Nursing Home in New York State by Newsweek in 2024 for the second year in a row and as a high-performing nursing home in the nation for short-term rehabilitation and long-term care according to U.S. News & World Report – 2024 Best Nursing Homes.

Newsweek identified 500 top facilities (with more than 150 beds), across 25 states, with 58 in New York state. The rankings are based on five data sources, including performance data, peer recommendations, management of the COVID-19 situation and accreditations from The Joint Commission and Commission on Accreditation of Rehabilitation Facilities. The rankings are designed to assist patients and their families in making informed decisions about where to receive their long-term and post-acute care.

#### **NYC HEALTH + HOSPITALS/GOTHAM HEALTH RECEIVES \$1.1M FROM THE BROOKLYN BOROUGH PRESIDENT**

The Brooklyn Borough President Antonio Reynoso allocated \$1.1 million of his Fiscal Year 2024 capital funding to support necessary infrastructure improvements and enhance patient services. This funding will provide necessary upgrades to various Gotham Health sites in Brooklyn, including replacing outdated (end-of-life) ultrasound machines at Gotham Health, Cumberland and Williamsburg and new ophthalmology equipment at Gotham Health, East New York.

#### **NYC HEALTH + HOSPITALS UNVEILS NEW COMMUNITY MURAL AT NYC HEALTH + HOSPITALS/HARLEM**

NYC Health + Hospitals unveiled a new mural as part of the [Community Mural Project](#) run by the health System's Arts in Medicine department. The mural, *Healing Portraits* at NYC Health + Hospitals/Harlem, was developed by artist Tijay Mohammed through a series of focus groups with community members, staff and patients and brought to life at a paint party where the community was invited to paint the mural together. *Healing Portraits* is one of nine new murals that have been created in the past year, building on the 26 murals created in the first wave of the Community Mural Project. This program is made possible through the generous support of the Laurie M. Tisch Illumination Fund.

#### **EXTERNAL AFFAIRS UPDATE**

**City:** Yesterday, Mayor Adams spoke to all New Yorkers at his annual State of the City address. The speech was held at Hostos Community College in the Bronx. As part of the speech he made announcement about "Women's Forward" agenda initiatives, which will include new services at NYC Health + Hospitals/Lincoln.

The New York City Council convened twice in January to determine the 2024-2025 Speaker, leadership positions, committee chairs, and committee memberships for the new Council session.

The Council unanimously reelected Councilmembers Adrienne Adams as Speaker and Diana Ayala as Deputy Speaker. Among other reappointments, CM Brooks-Powers remains as Majority Whip, Councilmember Narcisse remains the Chair of the Committee on Hospitals, and Councilmember Schulman remains the Chair of the Committee on Health. We are grateful to work with this strong and supportive team, along with other members of the City Council. We look forward to the next term. m

**State:** It has been a busy time in Albany. The NYS Legislature is back in session, the Governor released her State of the State Agenda, CMS approved the State's 1115 Waiver, and the Governor proposed a \$233 billion all funds budget for State Fiscal Year (SFY) 2024-25, which begins April 1, 2024.

The proposed budget reflects a 4.5% increase over last year's enacted budget and would close a projected \$4.3 billion state deficit. Although there is an overall increase in Medicaid funding of 10.9%, there are proposed reductions in the Medicaid program totaling \$1.2 billion including \$400 million in undisclosed state actions. We are in the process of finalizing our analysis and will be advocating for increased funding in Medicaid rates for Nursing Homes and hospitals and rejecting the proposed capital reimbursement cuts. We were pleased to see many of the Governor's proposals align with our advocacy priorities, including:

- \$500 million for safety net transformation fund. It will be especially important that NYC Health + Hospitals is able to access this funding equitably, as our System infrastructure is significantly older than other hospitals'.
- Much needed workforce reforms, including measures to expand the scope of practice of several healthcare professionals and legislation to join the interstate medical and nurse compacts
- Continued investments in mental health programs and services

In addition to the important and powerful initiatives in the Governor's proposed budget, many of the \$7.5 billion 1115 Waiver initiatives focusing on health-related social needs, hospital global budget and strengthening the workforce will take place administratively by Department of Health outside of the state budget process.

As the budget process proceeds, we will continue advocating for support for NYC Health + Hospitals and the patients and communities we serve. We are grateful to the Governor and DOH, as well as our partners in the State legislature who understand the critical role our safety net system plays. We also appreciate our Community Advisory Boards for their support in these important efforts.

**Federal:** Congress passed a two-tiered stopgap spending package that would push federal government funding deadlines from January 19<sup>th</sup> - February 2<sup>nd</sup> to March 1<sup>st</sup> - March 8<sup>th</sup> and give Congress more time to debate and pass full-

year Appropriations bills for FY 24. The delay of the DSH cuts would be extended to March 8<sup>th</sup>. H+H will continue to advocate for the long-term elimination of the DSH cuts.

**Community Affairs:** The Community Relations Committee meeting was postponed to February 6<sup>th</sup> due to inclement weather. The Carter, East New York, Kings County, Queens, and Woodhull Community Advisory Boards (CABs) will present on February 6<sup>th</sup>.

The Council of CABs met virtually in January due to inclement weather. The virtual meeting included a Finance Presentation to the Council of CABs by Salema Tyler, Assistant Vice President, Corporate Budget and Finance, and James Cassidy, Senior Director, Reimbursement and Finance and presentation on Patient engagement for healthcare programs at NYC Health + Hospitals by Sarah Sisco, Senior Director Women's Health Initiatives.

Ten CABs are in the process of setting up in person/virtual meetings in February with their State elected officials to discuss the impact of the 2024 NYS budget on their facility. The remaining 11 CABs will be sending letters to their elected representatives. Of the 11, 4 are planning a legislative breakfast with their facility in lieu of a separate meeting.

The Community Affairs team and Faith-based teams hosted their first Breaking Bread, Building Bonds conversation at Central Office on January 12<sup>th</sup>. The event brought together 15 Central Office staff members for a vibrant and engaging conversation. The focus of the discussion was on personal stories, with each participant sharing the unique narratives behind their names and their New York City experiences.

The Central Council of Auxiliaries will welcome their new Chair, Pearl John, Chair of the McKinney Auxiliary. Pearl will chair the quarterly Central Council of Auxiliary meetings which includes the Presidents of all Auxiliaries across our System.

## **NEWS AROUND THE HEALTH SYSTEM**

- [NYC Hands Out Winter Coats to Migrant Children at Roosevelt Hotel](#)
- [NYC Health + Hospitals' Lifestyle Medicine Program Expands](#)
- [NYC Health + Hospitals Shares its 2023 Accomplishments](#)
- [NYC Health + Hospitals embraces 'well-being buddies'](#)
- [NYC's Baby New Year delivered by same doc that delivered dad](#)
- [NYC Health + Hospitals to create supplier diversity council](#)
- [Gotham Health medical centers receive \\$1.1 million in funding from BP Reynoso](#)

- [Healing Under Pressure: NYC Health + Hospitals/Jacobi's Hyperbaric Oxygen chamber](#)
- [NYC Health + Hospitals keeps pulse on city healthcare with new podcast](#)
- [NYC Health + Hospitals/Elmhurst launches Lifestyle Medicine Program](#)
- [NYC Health + Hospitals' new approach to connect patients with community resources](#)
- [Brooklyn Borough President Allocates \\$1M to Gotham Health/Cumberland](#)

## RESOLUTION - 06

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements to create a pool of vendor contracts with each of the following vendors: **Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS)** for the provision of Cabling Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$85,000,000 over the potential five-year term:

And to permit the System to add additional vendors to the pool should the need for additional vendors arise and should such vendors meet the same minimum criteria and receive from an evaluation committee a score of 7.25 or greater.

**WHEREAS**, Cabling Vendors provide all labor, equipment and materials necessary to structure cabling services and rack/cabinet solutions in order to establish a network connection between devices and LAN/WAN Systems throughout the enterprise; and

**WHEREAS**, the Request for Proposals for the provision of Cabling Services was released on August 2, 2023 through its Supply Chain Services Unit, followed by a pre-proposal conference, attended by fourteen vendors; and

**WHEREAS**, of the fourteen vendors that attended the pre-proposal conference, seven vendors submitted proposals; and

**WHEREAS**, in conformance with its procurement operating procedure, the System received and evaluated proposals from seven vendors and evaluated such proposals among a diverse evaluation committee; and

**WHEREAS**, the following four vendors were selected to receive contract awards: Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS); and

**WHEREAS**, the Senior Vice President for Enterprise Information Technology Services will be responsible for the administration of the proposed agreement.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation, be and hereby is authorized, to execute agreements with each of the four vendors Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp, and Interface Cable Assemblies & Services (ICAS) for Cabling Services on behalf of the System. The initial term shall be three-years and two one-year renewal options, solely exercisable by the System. The total contract value shall not exceed \$85,000,000 over the potential five-year term.

**EXECUTIVE SUMMARY  
RESOLUTION TO AUTHORIZE CONTRACT  
WITH  
FOUR VENDORS**

**OVERVIEW:** The purpose of this agreement is to provide Cabling Services.

**PROCUREMENT:** The System undertook an RFP to procure vendors to provide Cabling Services. Seven vendors provided proposals. After evaluation, the following four vendors were selected to provide services: Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS)

**NEED:** Cabling Vendors provide all labor, equipment and materials necessary to structure cabling services and rack/cabinet solutions in order to establish a network connection between devices and LAN/WAN Systems throughout the enterprise.

**TERMS:** The total not-to-exceed cost for the five-year contract is \$85,000,000.

**MWBE:** All proposers were required to meet an M/WBE goal of 30%. Forerunner Technologies, Inc. and Interface Cable Assemblies & Services (ICAS) will meet a 30% M/WBE goal. Mason Technologies Inc. and Coranet Corp will meet a 100% M/WBE goal.

To: Colicia Hercules  
Chief of Staff, Office of the Chair

From: Name Irmali Rivera -Bazan  
Title  
Office of Legal Affairs

Digitally signed by Irmali Rivera- Bazan

Date: 2024.01.18 11:04:24 -05'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Contract: Cabling Services Request for Proposals

Date: Jan 16, 2024

---

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

<u>Vendor Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Forerunner Technologies, Inc.	Approved	Pending	30%
Mason Technologies Inc.	Approved	Pending	100%
Coranet Corp	Approved	Pending	100%
Interface Cable Assemblies & Services (ICAS)	Approved	Pending	30%

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

**Cabling Services Contract - Application to  
Award Contract - Forerunner Technologies, Inc., Mason  
Technologies Inc., Coranet Corp and Interface Cable  
Assemblies & Services (ICAS)**

**Board of Directors Meeting  
February 29, 2024**

**Jeffrey Lutz - Senior AVP / Chief Technology Officer  
Enterprise IT Services**



## For Board of Directors Consideration

---

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements to create a pool of vendor contracts with each of the following vendors:  
**Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS)** for the provision of Cabling Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$85,000,000 over the potential five-year term:
- And to permit the System to add additional vendors to the pool should the need for additional vendors arise and should such vendors meet the same minimum criteria and receive from an evaluation committee a score of 7.25 or greater.

# Overview

---

- RFP was done to enter into a pricing contract with cabling vendors to provide all labor, equipment and materials necessary to structured cabling services and rack/cabinet solutions in order to establish a network connection between devices and LAN/WAN Systems throughout the enterprise.
- Provide services for both project and support based needs with a not to exceed of \$85M. Estimates are based on historical and known spend, along with projected projects. This is aligned with the not to exceed amount of the previous contract.
- Contracts would be for three years with two one-year renewal options. Similar structure to city-wide contract.
- Working to ensure this is in place for early fiscal year 2024 to ease supply chain process and ensure quick delivery of service at the sites to meet demands.
- Replaces existing contract due to Mason acquisition of G-Systems and limited participation of Coranet.
- We are also seeking approval to allow additional vendors into the pool should the pool of four selected vendors become unable to meet our operational needs, by allowing any vendors that, under substantially the same selection process, evaluation committee membership, and the same scoring criteria, score above 7.25.
  - Historically vendors have merged resulting in too few vendors in the pool to meet our needs.
  - Not having to re-issue an RFP and proceed through the approval process will allow EITS to more timely meet the System's cabling needs without affecting the quality of the vendor pool since such vendors will be admitted to the pool on the same criteria.
  - These additional vendors would be through an open invitation process using the scoring system and diverse panel of subject matter experts to select those that score above 7.25.

- **And to permit the System to add additional vendors to the pool should the need for additional vendors arise and should such vendors meet the same minimum criteria and receive from an evaluation committee a score of 7.25 or greater.**
- In order to modify the vendor pool a process similar to the standard procurement process will be followed:
  - A solicitation will be posted on City Record
  - The same evaluation criteria will be utilized to score the proposals
  - An evaluation committee consistent with the procurement policies will evaluate proposals
  - Any vendor with a score above 7.25 will be selected
  - EITS will present the proposed award to the CRC for the CRC's consideration
  - EITS will inform the M&PA/IT Committee

# RFP Criteria

## ➤ Minimum criteria:

- Experience: 5 years providing cabling services of similar size and scope in healthcare facilities, including acute post-acute care environments
- Technical Resources: personnel must have all certifications necessary to install the equipment
- Financial Capacity: must have operating revenues of at least \$10 million annually for the 3 preceding years
- MWBE Utilization Plan, Waiver, or MWBE Certification

## ➤ Evaluation Committee:

- Capital Budget, OFD
- Senior Director, EITS
- Network Deployment, UC, EITS
- Senior Director, EITS
- Senior Director, EITS

## ➤ Substantive Criteria

- |                      |     |
|----------------------|-----|
| ➤ Experience         | 35% |
| ➤ Technical Proposal | 30% |
| ➤ Cost               | 25% |
| ➤ MWBE Utilization   | 10% |

# Overview of Procurement

- 02/28/23: Application to issue request for proposals approved by CRC
- 08/02/23: RFP Posted on City Record, sent directly to eight vendors
- 08/16/23: Pre-proposal conference held, 14 vendors attended
- 08/22/23: Walkthrough of Kings County Hospital held to show the differing rooms
- 09/13/23: Proposals due, seven proposals received
- 11/02/23: Evaluation committee debriefed and submitted final scores. 2 out of the 7 proposals did not meet minimum criteria and were disqualified. Below are the top 4 proposers:
  - Forerunner Technologies, Inc.
  - Mason Technologies Inc.
  - Coranet Corp
  - Interface Cable Assemblies & Services (ICAS)\*\*

- \*\* *New Vendor to NYC H+H and reference checks were performed as part of the due diligence*

# Vendor Diversity

Vendor Name	Name of Subcontractor	Subcontractor SOW	M/WBE UP Goal	NYC/NYS Ethnicity	NYC/NYS Gender
Forerunner Technologies	Argent Technologies	Materials and Support	30%	Hispanic	Female
Mason Technologies	N/A	N/A	100%	Non-Minority	Female
Coranet	N/A	N/A	100%	Non-Minority	Female
ICAS	Montana Datacom	Materials and Support	30%	Non-Minority	Female
	Third Wave Technologies	Materials and Support		Hispanic	Male

➤ MWBE Goal set on this Solicitation was 30%.

# Vendor Performance History

<b>Department of Supply Chain</b> <b>Vendor Performance Evaluation</b> <b>Forerunner Technologies, Inc.</b>	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Satisfactory

# Vendor Performance History

**Department of Supply Chain**  
**Vendor Performance Evaluation**  
**Mason Technologies Inc.**

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Satisfactory



# Vendor Performance History

<b>Department of Supply Chain</b> <b>Vendor Performance Evaluation</b> <b>Coranet Corp</b>	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Satisfactory

# Board of Directors Approval Request

---

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements to create a pool of vendor contracts with each of the following vendors: **Forerunner Technologies, Inc., Mason Technologies Inc., Coranet Corp and Interface Cable Assemblies & Services (ICAS)** for the provision of Cabling Services on behalf of the System for an initial period of three-years with two one-year renewal options, exercisable at the discretion of the System, for an amount not to exceed \$85,000,000 over the potential five-year term:
- and to permit the System to add additional vendors to the pool should the need for additional vendors arise and should such vendors meet the same minimum criteria and receive from an evaluation committee a score of 7.25 or greater.

## **RESOLUTION – 07**

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into the **following two agreements with State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University (“DHSU”) each to run through June 30, 2028 for a total not-to exceed \$98,990,812 which includes a 10% contingency for the full term of both agreements:**

**A clinical affiliation agreement for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health for a not-to-exceed of \$81,663,333; and**

**An academic affiliation agreement for medical education and post graduate medical training at NYC Health + Hospitals/Kings County for a not-to-exceed of \$17,327,479.**

**WHEREAS**, the System has entered into various agreements for certain medical schools, voluntary hospitals and professional corporations to provide clinical services at the System’s facilities including an agreement with DHSU for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health (the “Affiliation Agreement”); and

**WHEREAS**, at its May 25, 2023 meeting the System’s Board authorized funding to extend the Affiliation Agreement through June 30, 2026; and

**WHEREAS**, to date, affiliation agreements between the System and DHSU combined the terms of the parties’ clinical and academic affiliation in one agreement; and

**WHEREAS**, the System and DHSU have negotiated the terms of two new agreements that will supersede the terms of the Affiliation Agreement: one to govern the provision of clinical services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health (the “Clinical Affiliation Agreement”) and another to govern the terms of the parties’ academic affiliation (the “Academic Affiliation Agreement”) each with a term to run from July 1, 2024 through June 30, 2028; and

**WHEREAS**, the System seeks authorization to execute both the Clinical Affiliation Agreement and the Academic Affiliation Agreement for a total combined cost not-to-exceed \$98,990,812, which shall supersede the existing Affiliation Agreement (and includes all funding through June 30, 2026 previously approved); and

**WHEREAS**, the overall responsibility for administering the Affiliation Agreement shall reside with the System’s Chief Medical Officer.

**NOW, THEREFORE, BE IT RESOLVED**, New York City Health and Hospitals Corporation (the “System”) is authorized to enter into the following two agreements with State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University (“DHSU”) each to run through June 30, 2028 for a total not-to exceed \$98,990,812 which includes a 10% contingency:

A clinical affiliation agreement with for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health; and

An academic affiliation agreement for medical education and post graduate medical training at NYC Health + Hospitals/Kings County.

## **EXECUTIVE SUMMARY**

### **Extending the Affiliation Agreement with State University of New York/ Health Science Center at Brooklyn a/k/a Downstate Health Sciences University (“DHSU”)**

- BACKGROUND:** The Affiliation Agreement between the System and DHSU is scheduled to expire on June 30, 2026. The System and DHSU have now finalized the negotiation of the terms of their continued affiliation, and are prepared to enter two agreements: one to address clinical services at NYC Health + Hospitals/Kings County, and NYC Health + Hospitals/South Brooklyn (the “Clinical Services Agreement”) and one to address the supervision and training of DHSU medical students and post graduate trainees at NYC Health + Hospitals/Kings County (the “Academic Affiliation Agreement”). The term of the Clinical Services Agreement and the Academic Agreement will supersede the terms of the current Affiliation Agreement and will run from July 1, 2024 through June 30, 2028.
- PROPOSAL:** The System seeks authority to execute the Clinical Affiliation Agreement and the Academic Affiliation Agreement for the term July 1, 2024 through June 3, 2028, for a total cost not-to exceed \$98,990,812, which includes a 10% contingency (and which supersedes the existing funding already approved through June 30, 2026).
- PROCUREMENT:** The proposed Clinical Services Agreement and Academic Affiliation Agreement are being signed with SUNY as negotiated acquisitions in that SUNY is especially well positioned to continue the provision of the subject specialty services.

***Academic and Clinical Services  
Agreements  
for July 1, 2024 – June 30, 2028***  
**Downstate Health Sciences University  
(SUNY-DHSU)**

**NYC Health + Hospitals/ Kings County  
NYC Health + Hospitals/ South Brooklyn Health**

Machelle Allen M.D., SVP and System Chief Medical Officer  
Andrea G. Cohen, SVP and General Counsel  
John Ulberg, SVP and Chief Financial Officer

Board of Directors Meeting  
February 29, 2024

# For Board Consideration

---

- Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into the **following two agreements with State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University (“DHSU”)** each to run through June 30, 2028 for a total not-to-exceed \$98,990,812 which includes a 10% contingency for the full term of both agreements:
- A clinical affiliation agreement for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health for a not-to-exceed of \$81,663,333; and
- An academic affiliation agreement for medical education and post graduate medical training at NYC Health + Hospitals/Kings County for a not-to-exceed of \$17,327,479.

# Background and Current State

---

- In May, 2023, the Board approved an extension to the System's affiliation agreement with SUNY Downstate Health Sciences University through June 2026 to allow the parties to finalize new terms governing their continued clinical and academic affiliation.
- While to date the System's affiliation agreements with SUNY DHSU have combined the parties' academic and clinical relationship, the System has now negotiated the terms of two separate agreements with SUNY DHSU: one that will cover the parties' academic affiliation at NYC Health + Hospitals/Kings County and one that will cover the provision of clinical services at both NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health.
- The academic affiliation agreement and the clinical services agreement will both begin on July 1, 2024, will run concurrently through June 30, 2028, and will supersede the terms of the System's current Affiliation Agreement with SUNY DHSU.
- For the term of the agreements the total cost is not-to-exceed \$98,990,812, which includes a 10% contingency.
- The proposed agreements are being entered with SUNY as a negotiated acquisition in that SUNY is especially well positioned to continue the provision of the subject specialty services.

# Guiding Principles

- Extend the current clinical services arrangement by four years to maintain the stability of the clinical partnership between NYC H+H and SUNY-Downstate Medical School
  - Kings County: Emergency Medicine (5 FTE), Psychiatry (8 FTE), Radiology (23 FTE), and Other (7)
  - South Brooklyn Health: Surgery (3 FTE)  
(Funded FTE's under the contract)
- Create a separate academic affiliation agreement to appropriately differentiate patient care costs from academic operational costs
- Strengthen the academic relationship between NYC H+H and SUNY – Downstate Medical School

**Contract proposal does NOT address any aspect of the reorganization proposal for SUNY Downstate Health Sciences University**



**NYC Health + Hospitals Affiliation Contract Budget  
Through June 30, 2028 for SUNY-DHSU**

<b>Fiscal Year</b>	<b>Clinical Services Expense</b>	<b>GME Program Expense</b>	<b>Total Expense</b>
FY2022	\$ 21,782,491	\$ -	\$ 21,782,491
FY2023	\$ 22,000,315	\$ -	\$ 22,000,315
FY2024	\$ 22,220,318	\$ -	\$ 22,220,318
FY2025	\$ 18,283,759	\$ 3,821,871	\$ 22,105,630
FY2026	\$ 18,466,597	\$ 3,898,308	\$ 22,364,905
FY2027	\$ 18,651,263	\$ 3,976,275	\$ 22,627,537
FY2028	\$ 18,837,775	\$ 4,055,800	\$ 22,893,575

*Contract Provider Expenses include both Kings County and South Brooklyn Health*

*GME Program services are only provided by SUNY at Kings County*

***Amounts above do not include 10% contingency***

# Proposed Costs

Facility	FY 2025 - 2028 Base	10% Contingency	Total Clinical Services NTE
NYC Health + Hospitals/Kings County	\$70,527,424	\$7,052,742	\$77,580,166
NYC Health + Hospitals/South Brooklyn Health	\$ 3,711,970	\$ 371,197	\$ 4,083,167
Total	\$74,239,393	\$7,423,939	\$81,663,333

Proposed payment to the Affiliate is based on costs.

The costs reported assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-payer developments.

Facility	FY 2025 - 2028 Base	10% Contingency	Total GME Prog. NTE
NYC Health + Hospitals/Kings County	\$15,752,254	\$1,575,225	\$17,327,479
NYC Health + Hospitals/South Brooklyn Health	\$ -	\$ -	\$ -
Total	\$15,752,254	\$1,575,225	\$17,327,479

# Board Approval Request

- Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into the **following two agreements with State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University (“DHSU”)** each to run through June 30, 2028 for a total not-to-exceed \$98,990,812 which includes a 10% contingency for the full term of both agreements:
- A clinical affiliation agreement for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health for a not-to-exceed of \$81,663,333; and
- An academic affiliation agreement for medical education and post graduate medical training at NYC Health + Hospitals/Kings County for a not-to-exceed of \$17,327,479.

**RESOLUTION - 08**

**Electing Sally Hernandez-Piñero to a second term as Chairperson and Frederick Covino as member of the Board of Directors of MetroPlus Health Plan, Inc.**, a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York (“MetroPlus”), to serve in such capacity for five-year terms or until their successors have been duly elected and qualified, or as otherwise provided in the MetroPlus Bylaws.

**WHEREAS**, a resolution approved by the Board of Directors of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) on October 29, 1998, authorized the conversion of MetroPlus from an operating division to separately incorporated membership not-for-profit membership corporation with NYC Health + Hospitals as sole member making MetroPlus, in effect, a wholly owned subsidiary of NYC Health + Hospitals; and

**WHEREAS**, the Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the sole power with respect to appointing members of the Board of Directors of MetroPlus; and

**WHEREAS**, the Bylaws of MetroPlus authorize (i) the NYC Health + Hospitals Board Chairperson to select three directors of the MetroPlus Board, one of whom shall serve as Chairperson; (ii) the NYC Health + Hospitals President to select two directors; and (iii) the MetroPlus President to select two MetroPlus consumers as directors, all subject to election by the NYC Health + Hospitals’ Board of Directors; and

**WHEREAS**, the term has expired in one of the seats to be filled by a selection of the NYC Health + Hospitals Chairperson, and there is a vacancy in one of the seats to be filled by a selection of the NYC Health + Hospitals’ President; and

**WHEREAS**, the NYC Health + Hospitals’ Chairperson has nominated Sally Hernandez-Piñero to a second term as Chairperson, and the NYC Health + Hospitals’ President has nominated Frederick Covino to fill such vacancy.

**NOW, THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporations’ Board of Directors hereby elects Sally Hernandez-Piñero to a second term as Chairperson and Frederick Covino as member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity for five-year terms or until their successors have been duly elected and qualified, or as otherwise provided in the MetroPlus Health Plan, Inc. Bylaws.

## **EXECUTIVE SUMMARY**

### **Election of Sally Hernandez-Piñero as Chairperson and Frederick Covino as Director of MetroPlus Health Plan, Inc.**

Pursuant to the Certificate of Incorporation of MetroPlus, NYC Health + Hospitals as sole member has the power to designate the members of the Board of Directors of MetroPlus.

The MetroPlus Bylaws assigns to the Chairperson of NYC Health + Hospitals the right to select three members of the MetroPlus Board, assigns to the NYC Health + Hospitals President the right to select two such members, and assigns to the MetroPlus President the right to select two consumer members. All members of the MetroPlus Board of Directors must be approved by vote of the NYC Health + Hospitals' Board of Directors. José Pagán, as NYC Health + Hospitals Chairperson, has nominated Sally Hernandez-Piñero, and Dr. Mitchell Katz, as NYC Health + Hospitals' President, has nominated Frederick Covino. The proposed resolution provides Sally Hernandez-Piñero to be elected to a second term as Chairperson and Frederick Covino to fill a seat whose occupant's term has expired.

A vote approving the appointment of Sally Hernandez-Piñero as Chairperson and Frederick Covino as Director to the MetroPlus Board of Directors is sought.

**Sally Hernandez-Piñero**, began her career at Bedford-Stuyvesant Community Legal Services as a Staff Attorney, before joining former Mayor David Dinkins' Administration as Deputy Mayor for Finance and Economic Development. There, she was involved in all key policy, legislative and budgetary decisions made by the administration. Following her career in the public sector, Hernandez-Piñero transitioned into the corporate world, working at Fannie Mae as a Managing Director, as counsel for Kalkines, Arkey, Zall & Bernstein and as Senior Vice President for Corporate Affairs for the Related Companies. She served as a member of the Board of Trustees of Con Edison for 23 years. She also served as Executive Director of City Harvest, before becoming a Hearing Officer at the Office of Administrative Trials and Hearing. She has served on the NYC Health and Hospitals Corporation Board since January 2019 and has served as Chair of the MetroPlus Health Inc. Board since February 2019.

**Frederick Covino**, has significant financial experience developing, analyzing, implementing and monitoring financial plans, budgets, and initiatives, including work at City Hall followed by twenty years of experience with NYC Health + Hospitals culminating as its Vice President, Central Office Finance. He has, for example, overseen a system-wide transformation plan and played a leadership role in Superstorm Sandy disaster recovery efforts. He was previously elected by the Board of Directors of NYC Health + Hospitals to serve as a member of the Board of Directors of the subsidiary public benefit corporation, MetroPlus Health Trio, Inc., which is to be established to hold a license under Article 43 of the New York Insurance Law.